

RANGE AND MANEUVER AREA REQUEST

TO: Cdr, CAS Bn ATTN: AT2C-B-C Range Scheduling FAX (915) 569-9557 (DSN 979)	THRU:	FROM:	Date Submitted:
			Date Rec at Scheduling:

ARMY _____ USAF _____ USMC _____ USN _____ RESERVE _____ NG _____ OTHER _____

DATE	Occupation Times	Range or Area	Weapon	AMMO/Pyro (DOTIC & Type)	PURPOSE	FIRING TIMES	ILLUM	MAX ORD for ART	# OF PERS

REMARKS: (Aerial Targets, Special Target Requirements, Area & Time of Target Presentation, etc.)

POC: (Print Name/Rank)

Phone Number:

FAX Number:

SIGNATURE

DATE:

CO-USE INFORMATION

POC: (Print Name/Phone #) (Signature)	Unit	Date	Area(s)	# Pers	Vehicles